

RETURN COMPLETED FORM TO: DEPARTMENT OF THE INTERIOR AVIATION MANAGEMENT 300 E. MALLARD DRIVE, SUITE 200 BOISE, IDAHO 83706-3991 Facsimile No. 208-433-5030 * Questions, call 208-433-5022				WILD HORSE & BURRO PROJECTS ONLY CONTRACTOR EVALUATION REPORT FOR AN INDIVIDUAL PROJECT				
SOURCE SELECTION INFORMATION – NOT FOR PUBLIC RELEASE (see FAR 3.104& 42.1503)								
BUREAU B L M				CONTRACT NO. 1406-06-80-_____				
ADDRESS				CONTRACTOR				
CITY/STATE/ZIP				USE PERIOD				
BUREAU ON-SITE REPRESENTATIVE				USE LOCATION				
DESCRIPTION OF CONTRACT SERVICES PROVIDED: <input type="checkbox"/> Census <input type="checkbox"/> Capture (gather, herding, etc.)								
1.a. Target number and type of animal to be captured etc.: _____ <input type="checkbox"/> Horses _____ <input type="checkbox"/> Burros								
1.b. Actual number of animals captured/processed				1.c. Actual flight time required to accomplish the project				
1.d. Number of animals injured		1.e. Number of animals requiring euthanasia		1.f. Number of humans injured				
Explain								
1.g. Were there any aircraft incidents/accidents, etc. <input type="checkbox"/> YES <input type="checkbox"/> NO				1.h. Was a Safecom submitted for any reason <input type="checkbox"/> YES <input type="checkbox"/> NO				
Explain								
Please circle the number from each scale that best describes the level in which the Contractor supported the area described. Comments are helpful and substantiate either very high or very low ratings. If additional space is needed, please use page 2 of this form or attach additional page(s). A copy of this evaluation report is provided to the Contractor and may also be used in future evaluations of the Contractor's past performance. (N/A means: Not applicable)								
2. Did the Contractor commit adequate resources in a timely fashion to meet the project requirements. (replacement equipment if needed; financial resources to purchase fuel, lodging; maintenance support if needed, etc.)								
Abundant resources provided	7	6	5	4	3	2	1 N/A	Insufficient resources provided
Comments								
3. Was the Contractor's representative(s) sensitive to the nature and rationale for the project								
Extremely sensitive	7	6	5	4	3	2	1 N/A	Lacked sensitivity
Comments								

4. Contractor's representatives' knowledgeable of target animal's behavior and processes to be used for the project										
Highly knowledgeable	7	6	5	4	3	2	1	N/A	Lacked knowledge	
Comments										
5. Was the project accomplished efficiently with animal well-being addressed as desired by the user										
Extremely efficient and concerned for animal well-being	7	6	5	4	3	2	1	N/A	Inefficient and lacked concern for animal well-being	
Comments										
6. Contractor's adherence to contract and project technical requirements; i.e. pilot flight and duty limitations, use of PPE, no use of toe-in, single skid landings unless bureau waiver to policy was in place, correct fueling procedures, etc.										
Contract/project technical adherence very high level	7	6	5	4	3	2	1	N/A	Contract/project technical adherence very low	
Comments										
7. Contractor and Contractor's on-site representatives attitude and efforts, as well as actual application, towards aircraft safety										
Extremely safety oriented and actions demonstrated same	7	6	5	4	3	2	1	N/A	Safety compromises in both orientation and actions	
Comments										
8. If a trainee pilot was utilized, did this affect the overall project accomplishment										
Project not compromised due to use of trainee pilot	7	6	5	4	3	2	1	N/A	Use of trainee pilot affected project success	
Comments										
9. Contractor's overall performance and quality of service										
Extremely high quality of service and performance	7	6	5	4	3	2	1	N/A	Poor quality of service and performance	
Comments										
10. If given the opportunity, would you hire this Contractor again to accomplish a similar project? * <input type="checkbox"/> YES <input type="checkbox"/> NO										
Additional comments to support your response to Item 10 and any other items requiring additional space.										
Name and Title of Individual Completing this Form										
Signature					Telephone Number				Date	